## 67th Annual Allentown Art Festival (AAF) Buffalo, New York Saturday & Sunday, June 8<sup>th</sup> – 9<sup>th</sup>, 2024

Concessionaire's Application (Attach additional Pages if needed)

I/We apply for consideration as a concessionaire for the 67th Annual Allentown Art Festival on June 8<sup>th</sup> & 9<sup>th</sup>, 2024. If accepted, I/We will abide by the rules for concessionaires made by the Allentown Art Festival, Inc., the City of Buffalo and all other government agencies. I/We understand that failure to abide by these rules may result in expulsion from the Festival and the loss of fees paid. I/We understand that the final selection of concessionaires is at the discretion of the Allentown Art Festival, Inc. I/We offer the following in support of this application:

Name of Applicant:			
Address:	City	St	Zip
Telephone: (Cell)	(Evenings)		
Name of Contact Person:			
Type of Organization (check al	l that apply):		
Individual Business Corporation Not-for-Profit Allentown Community N	Aember Other for the constraint of the con	able	
Source of Power: Generato *List ALL Food:			
Price of food/beverage			
Exact Booth Size:			
Location of Concession (check	one):		
	to be determined by AAF y, If on private property, wh	ere?	
	, if on private property, with		

\*Changes of any previously approved food or beverages must have prior approval by the AAF Concessions Committee. In consideration of your accepting my/our application in the year 2024 Allentown Art Festival, I/We agree to indemnify and hold harmless the Allentown Art Festival, Inc. and the City of Buffalo; their agents, servants, employees and Board members for all claims for concessionaire in the year 2024 Art Festival.

This application, if accepted, shall constitute the entire contract and the complete understanding between the applicant and the Allentown Art Festival Society, Inc. The laws of the state of New York shall govern the interpretation of the contract.

Signature of Applicant or Corporate	Applicant's Officer	
Date		
FOR AAF USE ONLY		
Committee selected:		
Date:		
Concessionaire's Fees:		
Allentown Art Festival	\$	
City of Buffalo	\$	
*Erie County Health Department	\$	
*Mobile Unit Number If Applicable		
Total Due	\$	

## Please make check or money order payable to Allentown Art Festival, Inc.

Send Applications and Payment to:

William Smith, Chairman of Concessions 20 Raven Court Wheatfield, NY 14120